VERMONT

Office of Vermont Health Access
312 Hurricane Lane, Suite 201
Williston, Vermont 05495

Agency of Human Services

~ RHEUMATOID, JUVENILE AND PSORIATIC ARTHRITIS INJECTABLE MEDICATIONS ~

Prior Authorization Request Form

Effective February, 2002, Vermont Medicaid established coverage limits and criteria for prior authorization of rheumatoid arthritis medications. These limits and criteria are based on concerns about safety when used with other medications, and efficacy. In order for beneficiaries to receive Medicaid coverage for these drugs, it will be necessary for the prescriber to telephone or complete and fax this prior authorization request to MedMetrics Health Partners. Please complete this form in its entirety and sign and date below. Incomplete requests will be returned for additional information.

Use this form for Rheumatoid, Juvenile & Psoriatic Arthritis Injectable medication prior authorization requests only.

Submit request via: Fax: 1-866-767-2649 or Phone: 1-800-918-7549

Prescribing physician:

Name:_____

Phone #:_____

Fax #:_____

Address: _____

Contact Person at Office: _____

Beneficiary:

Name:_____

Medicaid ID #:_____

Date of Birth:_____ Sex:_____

Diagnosis:_____

Will this medication be billed through the: □ pharmacy benefit or □ medical benefit (J-code or other code)?

Pharmacy (if known)**:**_____ Phone:_____ &/or FAX:_____

Please select one of the following 'preferred' drug therapies from the VT Medicaid Preferred Drug List:

☐ **Enbrel** _____ Strength & Frequency:_____ Length of therapy:_____

☐ **Humira** _____ Strength & Frequency:_____ Length of therapy:_____

For any other injectable Rheumatoid or Psoriatic Arthritis treatment, please explain medical necessity for non-preferred product:

Drug:_____ Strength & Frequency:_____ Length of therapy:_____

Medical justification: _____

List previous medications tried and failed for this condition:

Name of medication	Reason for failure	Date(s) attempted

Prescriber comments:

Prescriber signature: _____ **Date of this request:**_____

Last Updated 06/08